



Voting Accessibility/Language Accessibility Advisory Committee Application

Please indicate which committee you are most interested in serving.

- Voting Accessibility Language Accessibility Both

Each committee will meet quarterly to discuss various topics related to Voting Accessibility for older adults and people with disabilities or Language Accessibility for voters with limited English proficiency. All members must remain on the committee for at least two (2) years from the date of the first meeting. A joint committee may be formed if there are fewer than 5 members for each committee.

1. Describe your relevant experience in language minority, the elder, or disabled communities:

2. Please indicate if you are fluent in any of the following languages:

- Spanish speaking only Spanish speaking & writing Punjabi speaking only Punjabi speaking & writing
 Chinese speaking only Chinese speaking & writing Other _____ ASL

3. Please confirm that one of the following conditions applies to you:

- Madera County Resident Employed by Madera County
 Affiliated with an organization serving Madera County Residents

Applicant Information

| | | | |
|-------------------------------|-------------|-------------------|--------------|
| FIRST NAME | MIDDLE NAME | LAST NAME, SUFFIX | PHONE NUMBER |
| EMAIL ADDRESS | | | |
| RESIDENCE ADDRESS | | | |
| CITY | STATE | ZIP | |
| MAILING ADDRESS, IF DIFFERENT | | | |
| CITY | STATE | ZIP | |

Signature of Applicant

Date Signed

Return to: Madera County Elections, 200 W. 4th Street, Madera CA 93637 or

ElectionsInfo@maderacounty.com



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